## **CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C., 20231.

DORA LYNCH

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 2 5 2000

IN RE APPLICATION OF

Art Unit: 1614

**TECH CENTER 1600/2900** 

ROBL ET AL.

Examiner: Moezie, F.

APPLICATION NO: 09/391,053 FILED: SEPTEMBER 7, 1999

FOR: METHOD FOR TREATING DIABETES EMPLOYING AN AP2

INHIBITOR AND COMBINATION

Assistant Commissioner for Patents

Washington, D.C. 20231

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Applicants believe this paper is being filed before the mailing date of a first Office Action on the merits, and so under 37 C.F.R. §1.97(b)(3) no fees are required. If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-3880.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Attorney for Applicants

Reg. No. 34,620

Bristol-Myers Squibb Company Patent Department P.O. Box 4000 Princeton, NJ 08543-4000 (609) 252-5781

Date:

9/18/00

Sheet 1 of 1

FORM PTO-1449 (REV. 7-85) U.S. DEPARTM OF COMMERCE PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE SITE AND INCOME.
(Use several sheets if necessary)

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ATTY. DOCKEDO.
LA 24A
APPLICATION NO.
09/391,053
APPLICANT
ROBL ET AL.
FILING DATE
SEPTEMBER 7, 1999

Group 1614

## **U.S. PATENT DOCUMENTS**

EXAMINER				· · · · · · · · · · · · · · · · · · ·		<del></del>	<del> </del>	
INITIAL		DOCUMENT NUMBER	DATE	NAME	CL	ASS SUBCLA	SS FILING	DATE
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	AO AP	OTHER DOCU	JMENTS (I	Including Author, Title, Date, Pertine	ent pages, E			]
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\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.